

RULE-MAKING ORDER

CR-103 (June 2004)

Agency: Washington State Department of Health Permanent Rule Effective date of rule: Permanent Rules Emergency Rule	ohalitis cts
Permanent Rules 31 days after filing. Other (specify) Specific finding under RCW 34.05.380(3) is required and should be stated below) Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule? Purpose: These emergency rules add human "Arboviral Disease" to the Notifiable Conditions rules, replacing "Enceptive Viral." The rule change will allow the state's notifiable conditions rules to reflect new case definitions proposed by the Centers for Disease Control and Prevention for infections caused by viruses carried by mosquitos, ticks and other inse (ARthropod-BOrne (ARBO)). The new case definitions are designed to accurately identify all clinical manifestations of arboviral diseases, not just encephalitis. The current rules capture only cases of encephalitis (inflammation of the brain while these infections may cause fever, influenza-like illness, meningitis (inflammation of the lining of the brain), acute paralysis (polio-like syndrome) and other serious brain and nerve disorders. Citation of existing rules affected by this order: Repealed: Amended: WAC 246-101-101 (Table HC-1); 201 (Table Lab-1); 301 (Table HF-1) Statutory authority for adoption: RCW 43.20.050 Other authority: WAC 246-101-015(5) PERMANENT RULE ONLY (Including Expedited Rule Making) Adopted under notice filed as WSR	cts ·
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If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available to	
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Name: phone ()	
Address: fax ()	
e-mail	
EMERGENCY RULE ONLY	
Under RCW 34.05.350 the agency for good cause finds:	
□ Hat infinediate adoption, amendment, or repeal of a rule is recovered.	
That state or federal law or federal rule or a federal deadline for state receipt of federal funds requires immediate adoption of a rule	
Reasons for this finding: West Nile Virgo (AVN) and the	
Reasons for this finding: West Nile Virus (WNV) activity has expanded rapidly across the United States since its introdu in 1999. Washington is one of two continental states that have not reported continental states introduced to the continental states and the continental states are the continental states.	ction
animals, birds, or humans. Recause neighboring western about reported continuous, season WNV activity in insects.	
2002 to 2003, it is expected that Oregon and Westignature states experienced a significant increase in WNV activity from	l
season. Adding Arboviral Disease to the notifiable conditions rules will help DOH and local health jurisdictions target dispersion messages to impacted communities to ensure the public has the heat information.	quito
prevention messages to impacted communities to ensure the public has the best information to stem the spread of WNV Adopting this change by emergency rule makes it effective for the 2004 magnificance.	ease
Adopting this change by emergency rule makes it effective for the 2004 mosquito season. Using only the permanent rule until the 2005 mosquito season. Using only the permanent ru	
- Individual the 2000 mosquito-season	e
Date adopted: CODE NEVISIONS OFFICE	
STATE OF THE STATE	·
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Secretary CILL OC C (PM)	
WSR 0476-044	

Note: If any category is left blank, it will be calculated as zero. No descriptive text.

Count by whole WAC sections only, from the WAC number through the history note.

A section may be counted in more than one category.

he number of sections adopted in o	ider to comp	y	4.	4	
Federal statute:	New	Amended		Repealed	
Federal rules or standards:	New	Amended	3	Repealed	. ,
Recently enacted state statutes:	New _	Amended		Repealed	-
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	New _	Amended		Repealed	
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AMENDATORY SECTION (Amending WSR 00-23-120, filed 11/22/00, effective 12/23/00)

WAC 246-101-101 Notifiable conditions and the health care provider. This section describes the conditions that Washington's health care providers must notify public health authorities of on a statewide basis. The board finds that the conditions in the table below (Table HC-1) are notifiable for the prevention and control of communicable and noninfectious diseases and conditions in Washington. Principal health care providers shall notify public health authorities of these conditions as individual case reports using procedures described throughout this chapter. Other health care providers in attendance shall notify public health authorities of the following notifiable conditions, unless the condition notification has already been made. Local health officers may require additional conditions to be notifiable within the local health officer's jurisdiction.

WAC 246-101-105, 246-101-110, 246-101-115, and 246-101-120 also include requirements for how notifications shall be made, when they shall be made, the content of these notifications, and how information regarding notifiable conditions cases must be handled and may be disclosed.

Table HC-1 (Conditions Notifiable by Health Care Providers)

Notifiable Condition	Time frame for Notification	Notifiable to Local Health Department	Notifiable to State Department of Health
Acquired Immunodeficiency Syndrome (AIDS)	Within 3 work days	1	
Animal Bites	Immediately	J	
Arboviral Disease	Within 3 work days	- J	
Asthma, occupational	Monthly		$\frac{1}{J}$
Birth Defects – Autism (Provisional through August, 2004)	Monthly		√ ·
Birth Defects – Cerebral Palsy (<i>Provisional</i> through August, 2004)	Monthly		√
Birth Defects – Fetal Alcohol Syndrome/Fetal Alcohol Effects (Provisional through August, 2004)	Monthly		1
Botulism (foodborne, infant, and wound)	Immediately	1	

Notifiable Condition	Time frame for Notification	Notifiable to Local Health Department	Notifiable to State Department of Health
Brucellosis (Brucella species)	Immediately	V	
Campylobacteriosis	Within 3 work days	. 1	
Chancroid	Within 3 work days	√	
Chlamydia trachomatis infection	Within 3 work days	√ .	
Cholera	Immediately	- I	
Cryptosporidiosis	Within 3 work days	√ V	
Cyclosporiasis	Within 3 work days	√	
Diphtheria	Immediately	- I	-
Disease of suspected bioterrorism origin (including): • Anthrax • Smallpox	Immediately	1	
Disease of suspected foodborne origin (communicable disease clusters only)	Immediately	√	
Disease of suspected waterborne origin (communicable disease clusters only)	Immediately	√	
((Encephalitis, viral	Within 3 work days	√))	
Enterohemorrhagic E. coli (shiga-like toxin producing infections only) such as E. coli O157:H7 Infection	Immediately	1	
Giardiasis	Within 3 work days	1	
Gonorrhea	Within 3 work days	√ · · · · · · · · · · · · · · · · · · ·	
Granuloma inguinale	Within 3 work days	J	
Haemophilus influenzae (invasive disease, children under age 5)	Immediately	√	
Hantavirus pulmonary syndrome	Within 3 work days	√	
Hemolytic uremic syndrome	Immediately	J	
Hepatitis A (acute infection)	Immediately	√	
Hepatitis B (acute infection)	Within 3 work days	1	1
Hepatitis B surface antigen + pregnant women	Within 3 work days	1	

	Time frame for	Tarana	
Notifiable Condition	Notification	Notifiable to Local Health Department	Notifiable to State
Hepatitis B (chronic) -	Monthly		Department of Health
Initial diagnosis, and			
previously unreported prevalent cases			
(Provisional through			
August, 2004)	*		
Hepatitis C - Acute and	Monthly	J	
chronic (Provisional	-		
through August, 2004)			
Hepatitis (infectious), unspecified	Within 3 work days	√	-
Herpes simplex, neonatal	Within 2 was I 1		
and genital (initial	Within 3 work days	√ .	
infection only)		· ·	
(Provisional through		-	;
August, 2004) Human			
immunodeficiency virus	Within 3 work days	√ .	
(HIV) infection			
Legionellosis	Within 3 work days	1	
Leptospirosis	Within 3 work days	<i></i>	
Listeriosis	Immediately	· /	
Lyme Disease	Within 3 work days	√	
Lymphogranuloma	Within 3 work days	<i>γ</i>	
venereum			
Malaria	Within 3 work days		
Measles (rubeola)	Immediately	√	
Meningococcal disease	Immediately	√	
Mumps	Within 3 work days		
Paralytic shellfish poisoning	Immediately		
Pertussis	T1		
Pesticide poisoning	Immediately	√	
(hospitalized, fatal, or	Immediately		√
cluster)		·	
Pesticide poisoning (all	Within 3 work days		
other)			
Plague	Immediately		,
Poliomyelitis	Immediately	$\sqrt{}$	
Psittacosis	Within 3 work days	√	
Q Fever	Within 3 work days	√ .	
Rabies (Confirmed Human or Animal)	Immediately	$\sqrt{}$	
Rabies (Including use of	Water 2		
post-exposure	Within 3 work days	. 1	
prophylaxis)			,
Relapsing fever	Immediately	√	· · · · · · · · · · · · · · · · · · ·
(borreliosis)			

Notifiable Condition	Time frame for Notification	Notifiable to Local Health Department	Notifiable to State Department of Health
Rubella (including congenital rubella syndrome)	Immediately	√	
Salmonellosis	Immediately	√	
Serious adverse reactions to immunizations	Within 3 work days		
Shigellosis	Immediately	- J	, ,
Streptococcus, Group A, Invasive (Indicated by blood, spinal fluid or other normally sterile site) (<i>Provisional through</i>	Within 3 work days	√	
August, 2004)			
Syphilis	Within 3 work days	- I	
Tetanus	Within 3 work days	√	
Trichinosis	Within 3 work days	J	
Tuberculosis	Immediately	√ .	
Tularemia	Within 3 work days	√	
Typhus	Immediately	√	
Vibriosis	Within 3 work days	1	
Yellow fever	Immediately	J	
Yersiniosis	Within 3 work days	√ .	
Other rare diseases of public health significance	Immediately	√	
Unexplained critical illness or death	Immediately	√	

AMENDATORY SECTION (Amending WSR 00-23-120, filed 11/22/00, effective 12/23/00)

WAC 246-101-201 Notifiable conditions and laboratories. This describes conditions the about which Washington's laboratories must notify public health authorities of on a statewide basis. The board finds that the conditions in the table below (Table Lab-1) are notifiable for the prevention and control of communicable and noninfectious diseases and conditions in _Washington. The board also finds that submission of specimens for many of these conditions will further prevent the spread of Laboratory directors shall notify public health authorities of positive cultures and preliminary test results as individual case reports and provide specimen submissions using procedures described throughout this chapter. Local health officers may require additional conditions to be notifiable within the local health officer's jurisdiction.

WAC 246-101-205, 246-101-210, 246-101-215, 246-101-220, 246-101-225, and 246-101-230 also include requirements for how notifications and specimen submissions are made, when they are made, the content of these notifications and specimen submissions, and how information regarding notifiable conditions cases must be handled and may be disclosed.

Table Lab-1 (Conditions Notifiable by Laboratory Directors)

Notifiable Condition	Time frame for Notification	Notifiable to Local Health Department	Notifiable to Department of Health	Specimen Submission to Department of Health
Arboviral Disease (Isolation; Detection of Viral Nucleic Acid or Antibody)	2 days	<u>√</u>	псан	(Type & Timing)
Blood Lead Level	Elevated Levels - 2 Days Nonelevated Levels - Monthly	٠.	√	
Botulism (Foodborne)	Immediately	J		Serum and Stool - If available, submit suspect foods (2 days)
Botulism (Infant)	Immediately	√		Stool (2 days)
Botulism (Wound)	Immediately	√		Culture, Serum, Debrided tissue, or Swab sample (2 days)
Brucellosis (Brucella species)	2 days	√		Subcultures (2 days)
CD4+ (T4) lymphocyte counts less than 200 and/or CD4+ (T4) percents less than fourteen percent of total lymphocytes (patients aged thirteen or older)	Monthly	Only when the local health department is designated by the Department of Health	1	
Chlamydia trachomatis infection	2 days	√		
Cholera	Immediately	√ .		Culture (2 days)
Cryptosporidiosis	2 days	√		
Cyclosporiasis	2 days	√		Specimen (2 days)
Diphtheria	2 days	√ ·		Culture (2 days)
Disease of Suspected Bioterrorism Origin (examples): • Anthrax • Smallpox	Immediately	1		Culture (2 days)

Notifiable Condition	Time frame for Notification	Notifiable to Local Health Department	Notifiable to Department of Health	Specimen Submission to Department of Health (Type & Timing)
Enterohemorrhagic <i>E. coli</i> (shiga-like toxin producing infections only) such as <i>E. coli</i> O157:H7 Infection	2 days	1		Culture (2 days)
Gonorrhea	2 days	J		
Hepatitis A (IgM positive)	2 days	√		
Human immunodeficiency virus (HIV) infection (including positive Western Blot assays, P24 antigen or viral culture tests)	2 days	Only when the local health department is designated by the Department of Health	√ (Except King County)	
Human immunodeficiency virus (HIV) infection (positive results on HIV nucleic acid tests (RNA or DNA))	Monthly	Only when the local health department is designated by the Department of Health	√ (Except King County)	
Listeriosis	2 days	√		
Measles (rubeola)	Immediately	. √		Serum (2 days)
Meningococcal disease	2 days	1		Culture (Blood/CSF or other sterile sites) (2 days)
Pertussis	2 days	ſ		
Plague	Immediately	√	·	Culture or other appropriate clinical material (2 days)
Rabies (human or animal)	Immediately	√ (Pathology Report Only)		Tissue or other appropriate clinical material (Upon request only)
Salmonellosis	2 days	J		Culture (2 days)
Shigellosis	2 days	√ .		Culture (2 days)
Syphilis				Serum (2 days)
Tuberculosis	2 days		√	Culture (2 days)
Tuberculosis (Antibiotic sensitivity for first isolates)	2 days	,	1	
Tularemia				Culture or other appropriate clinical material (2 days)
Other rare diseases of public health significance	Immediately	√		

Additional notifications that are requested but not mandatory

include:

- (1) Laboratory directors may notify either local health departments or the department or both of other laboratory results including hepatitis B and hepatitis C through cooperative agreement.
- (2) Laboratory directors may submit malaria cultures to the state public health laboratories.

AMENDATORY SECTION (Amending WSR 00-23-120, filed 11/22/00, effective 12/23/00)

WAC 246-101-301 Notifiable conditions and health care facilities. This section describes the conditions Washington's health care facilities must notify public health authorities of on a statewide basis. The board finds that the conditions in the table below (Table HF-1) are notifiable for the prevention and control of communicable and noninfectious diseases and conditions. Local health officers may require additional conditions to be notifiable within the local health officer's jurisdiction. Health care facilities are required to notify public health authorities of cases that occur in their facilities. Health care facilities may choose to assume the notification for their health care providers for conditions designated in Table HF-1. Health care facilities may not assume the reporting requirements of laboratories that are components of the health care facility. Local health officers may require additional conditions to be notifiable within the local health officer's jurisdiction.

WAC sections 246-101-305, 246-101-310, 246-101-315, and 246-101-320 also include requirements for how notifications shall be made, when they are made, the content of these notifications, and how information regarding notifiable conditions cases must be handled and may be disclosed.

Table HF-1 (Conditions Notifiable by Health Care Facilities)

Notifiable Condition	Time frame for Notification	Notifiable to Local Health Department	Notifiable to State Department of Health
Acquired Immunodeficiency Syndrome (AIDS)	Within 3 work days		√ √
Animal Bites	Immediately		
Arboviral Disease	Within 3 work days	√	
Asthma, occupational	Monthly		1

Notifiable Condition	Time frame for Notification	Notifiable to Local Health Department	Notifiable to State
Birth Defects –	······	Health Department	Department of Health
Abdominal Wall Defects	Monthly		√
(inclusive of gastroschisis	•		
and omphalocele)		1	
(Provisional through			
August, 2004)	·	·	
			
Birth Defects – Autism	Monthly		1
(Provisional through	Į		•
August, 2004)			
Birth Defects - Cerebral	Monthly		√ .
Palsy (Provisional		•	
through August, 2004)			
Birth Defects - Down	Monthly		√
Syndrome			
Birth Defects - Fetal	Monthly		J
Alcohol Syndrome/Fetal			,
Alcohol Effects		·	
(Provisional through		· ·	·
August, 2004)	*		
Birth Defects -	Monthly		√
Hypospadias		ļ	Y
Birth Defects – Limb	Monthly		<u> </u>
reductions	Monthly		√
	3.6	-	
Birth Defects - Neural	Monthly		
Tube Defects (inclusive			
of anencephaly and spina bifida)	,		
Birth Defects – Oral	Monthly		. √
Clefts (inclusive of cleft			· ·
lip with/without cleft palate)			
			· ·
Botulism (foodborne,	Immediately	√	
infant, and wound)			
Brucellosis (Brucella	Immediately		
species)			
Cancer (See chapter 246-	Monthly		√
430 WAC)			
Chancroid	Within 3 work days		
Chlamydia trachomatis	Within 3 work days	<i>√</i>	
infection	WOLK days	٧	
Cholera	Immodiately	<u> </u>	
	Immediately	√	
Cryptosporidiosis	Within 3 work days	√	
Cyclosporiasis	Within 3 work days	√ .	
Diphtheria	Immediately	√	
Disease of suspected	Immediately	1	
bioterrorism origin		•	
(including):			
• Anthrax			1
 Smallpox 			

Notifiable Condition	Time frame for Notification	Notifiable to Local Health Department	Notifiable to State Department of Health
Disease of suspected foodborne origin (communicable disease clusters only)	Immediately	√	Department of Hearin
Disease of suspected waterborne origin (communicable disease clusters only)	Immediately	√	
((Encephalitis, viral	Within 3 work days	√))	
Enterohemorrhagic E. coli (shiga-like toxin producing infections only) such as E. coli O157:H7 Infection	Immediately	V	
Giardiasis	Within 3 work days	√	
Gonorrhea	Within 3 work days	. 1	
Granuloma inguinale	Within 3 work days	√	
Gunshot wounds (nonfatal)	Monthly		1
Haemophilus influenzae (invasive disease, children under age 5)	Immediately	√	
Hantavirus pulmonary syndrome	Within 3 work days	V	
Hemolytic uremic syndrome	Immediately	√	
Hepatitis A (acute infection)	Immediately.	. √	
Hepatitis B (acute infection)	Within 3 work days	√	
Hepatitis B surface antigen+ pregnant women	Within 3 work days	√	
Hepatitis B (chronic) – Initial diagnosis, and previously unreported	Monthly	1	
prevalent cases (Provisional through August, 2004)			
Hepatitis C – Acute and chronic (Provisional through August, 2004)	Monthly	1	
Hepatitis (infectious), unspecified	Within 3 work days	√ .	
Human immunodeficiency virus (HIV) infection	Within 3 work days	√	
Legionellosis	Within 3 work days	1	
Leptospirosis	Within 3 work days	√ ·	
Listeriosis	Immediately	<i>J</i>	

Notifiable Condition	Time frame for Notification	Notifiable to Local Health Department	Notifiable to State Department of Health
Lyme Disease	Within 3 work days	√	
Lymphogranuloma venereum	Within 3 work days	√	
Malaria	Within 3 work days	√	· · · · · · · · · · · · · · · · · · ·
Measles (rubeola)	Immediately	√	
Meningococcal disease	Immediately	√	
Mumps	Within 3 work days	<i></i>	
Paralytic shellfish poisoning	Immediately	1	
Pertussis	Immediately	ſ	
Pesticide poisoning (hospitalized, fatal, or cluster)	Immediately		√
Plague	Immediately	√.	
Poliomyelitis	Immediately	√ .	
Psittacosis	Within 3 work days	√ .	
Q Fever	Within 3 work days		
Rabies (Confirmed Human or Animal)	Immediately	√	
Rabies (Use of post- exposure prophylaxis)	Within 3 work days	1	
Relapsing fever (borreliosis)	Immediately	1	
Rubella (including congenital rubella syndrome)	Immediately	√	
Salmonellosis	Immediately	√ .	
Serious adverse reactions to immunizations	Within 3 work days	√	
Shigellosis	Immediately	√ -	
Streptococcus, Group A Invasive (Indicated by	Within 3 work days	1	
blood, spinal fluid or other normally sterile site) (Provisional through August, 2004)			
Syphilis	Within 3 work days		
Tetanus	Within 3 work days		
Trichinosis	Within 3 work days	√	
Tuberculosis	Immediately	√	
Tularemia	Within 3 work days	√ .	
Typhus	Immediately	√	
Vibriosis	Within 3 work days	<i>√</i>	
Yellow fever	Immediately	<i>J</i>	
Yersiniosis	Within 3 work days	√	
Other rare diseases of public health significance	Immediately	√	

Notifiable Condition	Time frame for Notification	Notifiable to Local Health Department	Notifiable to State Department of Health
Unexplained critical illness or death	Immediately	√	